

differences between the Medicare data shown herein and that distributed by Blue Cross for 1980. We are working to resolve these differences and if any substantial changes to the tables in this report result, you will be notified.

We feel confident about the general accuracy of this information, particularly for areas larger than a single county. Readers are invited to contact the State Center for Health Statistics about their needs for information of this type. As was mentioned before, release of data from this system that identifies a specific facility will require the permission of the hospital administrator.

The wide variation in county hospital discharge rates observed here naturally leads to the question Why? Though overall North Carolina hospital use is lower than that for the United States, some North Carolina counties have much higher utilization than the United States as a whole. A number of factors contribute to geographic differences in inpatient hospital utilization, including the level of morbidity, access to hospitals (economic and in terms of distance), the supply of hospital beds and physicians in an area, and the age, race, sex, and educational composition of the population. The availability and utilization of ambulatory care or outpatient medical services may also affect inpatient hospital utilization. Differences among counties in Medicaid utilization rates could result in part from a selectivity factor due to variations in the way that Medicaid eligibles are certified. The Institute for Health Planning has recently completed a national study of how some of these plus other factors affect hospital use (10). We intend to follow the present study with a similar analysis for North Carolina, using age-specific data from the Division of Facility Services on hospital utilization by county of residence for all payment sources combined. One approach is to quantitatively predict hospital use rates based on demographic and need factors, and then to determine what other variables account for deviations from these predicted or "expected" values. The national study found that factors other than need do indeed contribute to the demand for hospital services.

We do hope that the descriptive information for counties in the present report will assist health program administrators in North Carolina in identifying problem areas within their jurisdictions.

Acknowledgments

The author would like to thank Kathryn Surles and Charles Rothwell of the State Center for Health Statistics, the members of our Publications Review Committee, Dan Gunselman of Blue Cross and Blue Shield of North Carolina, and Ruth Hathaway of the Division of Facility Services for helpful comments and suggestions about this paper.

State Center for Health Statistics phone number is (919)733-4728.